

11/16/01
U.S. PTOPlease type a plus sign (+) inside this box → 

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))

Attorney Docket No.

PCS10382ARTB

First Named Inventor or Application Identifier

Mitradev Boolell

Title

Treatment of Premature Ejaculation

Express Mail Label No.

EL911725022 US

11/16/01
109/999955**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Specification [Total Pages 29]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference in Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 11.3) [Total sheets]

4. Oath or Declaration [Total pages 2]

a. Newly executed (original or copy)
b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]

i. **DELETION OF INVENTOR(S)**

Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Copy

b. Paper Copy (identical to computer copy)

c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))

9. 37 C.F.R. §3.73(b) Statement Power of Attorney
(when there is an assignee)

10. English Translation Document (if applicable)

11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

12. Preliminary Amendment

13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. *Small Entity Statement(s) Statement filed in prior application,
Status still proper and desired
(PTO/SB/09-12)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

14. Other: Priority Claim

***NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: /

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

<input type="checkbox"/> Customer Number or Bar Code Label					
Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Cod	06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221
NAME (Print/type)	Robert T. Barker	Registration No. (Attorney/Agent)	41,597		
Signature			Date	11/16/01	

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2001.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$710.00)

Complete if Known	
Application Number	To Be Assigned
Filing Date	Filed Herewith
First Named Inventor	Mitradev Boolell
Examiner Name	To Be Assigned
Group/Art Unit	To Be Assigned
Attorney Docket No.	PCS10382ARTB

METHOD OF PAYMENT (check one)

The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

Charge Any Additional
37 Fee Required Under
C.F.R. §§ 1.16 and 1.17. Charge the Issue Fee Set in
37 C.F.R. § 1.18 at the Mailing
of the Notice of Allowance.

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
Other Fee (specify)			
Other Fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			0

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
101	740	201	370
105	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$)			710

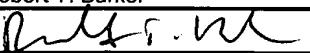
2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	11	-20**= 0	= 0
Independent Claims	2	- 3**= 0	= 0
Multiple Dependent			

** or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee Description
103	18	203
102	84	202
104	280	204
109	84	209
110	18	210
SUBTOTAL (2) (\$)		
0		

SUBMITTED BY

Type or Printed Name	Robert T. Barker	Complete (if Applicable)
Signature		Reg. Number 41,597 Deposit Account User ID 16-1445